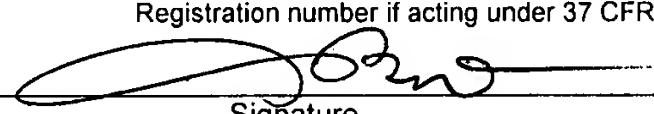
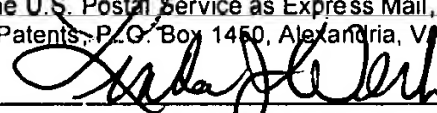


<b>REQUEST FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2007</b> (fees effective on or after October 1, 2007)		<b>Docket Number (Optional)</b> 0169-274	
Application Number 09/764,530		Filed January 17, 2001	
For <b>METHOD OF PROVIDING REPAIR INFORMATION AND DOING BUSINESS THEREON ON A GLOBAL COMPUTER NETWORK</b>			
Art Unit 3627		Examiner R. Laneau	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120.00	\$ 60.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450.00	\$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020.00	\$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1,590.00	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2,160.00	\$
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input checked="" type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-3881</u>		
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>56,594</u>			
 Signature		<u>October 9, 2007</u> Date	
<u>Robert Berliner</u> Typed or printed name		<u>(213) 533-4171</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.		

<b>Two Month Request for Extension of Time Under 37 CFR 1.136(a)</b>	
I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, the date shown below in an envelope addressed to: MS Appeal – Patents, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313 -1450.	
Dated: October 9, 2007	Signature:  (Linda J. Werk)